

Maryland Health Quality and Cost Council
Friday, June 10, 2011
9:30 a.m. – 12:00 p.m.
UMBC Technology Center

MEETING NOTES

Members present: Lt. Governor Brown (Chair), Sec. Joshua Sharfstein (Vice Chair), Richard “Chip” Davis, Barbara Epke, Roger Merrill, Peggy O’Kane, Marcos Pesquera, Frances Phillips, E. Albert Reece, Christine Wray, and via telephone, Kathy White and James Chesley.

Members absent: Jill Berger and Debbie Chang

Staff: Nicole Stallings, Karen Rezabek, Ben Stutz and Grace Zaczek

Meeting Materials

All meeting materials are available at Council’s website:
<http://dhmh.maryland.gov/mhqcc/meetings.html>

Welcome and Approval of Minutes

The meeting was called to order at 9:40 with opening remarks from Lt. Governor Brown. The Lt. Governor welcomed two new members of the Council: Dr. Lisa Cooper, Professor of Medicine and Director of the Johns Hopkins Center to Eliminate Cardiovascular Disparities, and Dr. Jon Shematek, Sr. Vice President and Chief Medical Officer, CareFirst BlueCross BlueShield. Secretary Sharfstein welcomed Drs. Cooper and Shamatek and asked the Council members and staff to introduce themselves. Following introductions the March 14, 2011 meeting minutes were approved.

UPDATE PRESENTATIONS

Federal Health Care Reform and Maryland Implementation – Lt. Governor Brown and Secretary Sharfstein

Lt. Governor Brown provided an overview of progress on health reform implementation noting the passage and signing of the Health Benefit Exchange enabling legislation, appointing Exchange Board members on May 26 and the first board meeting being held on June 3. Two Executive Orders were also released in May, one creating the Governor’s Office of Health Care Reform which will be led by Carolyn Quattrocki and one extending and expanding the Health Quality and Cost Council. Nicole Stallings then walked the members through the Quality and Cost Council Executive Order. Ms. Stallings noted that while much of the language within the original Executive Order was retained there were four items that she wanted to draw members’ attention to:

- Membership was increased to fourteen members
- Terms of the initial appointed members are set to expire on a staggered schedule
- The Council's charge was expanded to do the following:
 - Establish a workgroup to explore and develop health care strategies and initiatives, including financial and performance-based incentives to reduce and eliminate health disparities; and
 - Leverage the work of the Council with the opportunities for demonstration and ongoing projects, federal grant funding, and other initiatives to improve quality and contain costs made available under the Affordable Care Act; and
 - Collect and disseminate patient centered outcomes research to develop and promote evidence based practices among providers in the State.

Deputy Secretary Phillips then provided the Council with an update of the pending application for Community Transformation Grants to the Centers for Disease Control and Prevention. If successful, this opportunity will fund DHMH to support local health departments to implement primary prevention efforts under the umbrella of Healthiest Maryland. Specifically, this funding opportunity seeks to prevent and control tobacco use, prevent obesity, and control hypertension. Strategies selected by applicants should be associated with specific measures to achieve health equity, eliminate health disparities, and improve the health of the population and population subgroups. The application is due in early July and the Wellness and Prevention Workgroup staff is leading the Department's effort. Ms. Phillips' noted that there would be a call to discuss the pending application and that staff would be soliciting letters of support from Council members.

Maryland Multipayer PCMH Program - Ben Steffen, Maryland Health Care Commission

Ben Steffen began the presentation (available on the MHQCC website) with an update, commenting that participating practices in the Maryland Multi-Payer PCMH Program(MMPP) represent diverse service types and locations, which is ideal to serve a broad base of Maryland patients. The MMPP officially launched in early April and participation agreements have been signed by the participating carriers and practice representatives. Mr. Steffen provided detail on the Maryland Learning Collaborative (MLC), funded by the Community Health Resources Commission which held its first session on May 14. The MLC is a partnership that combines resources from the education and research communities (University of Maryland and Johns Hopkins University) with the commitment and knowledge of clinicians committed to advancing primary care. Over 200 practice representatives attended the MLC, and over half of those participants completed the evaluation survey, giving the first meeting high marks across all criteria. Mr. Steffen completed his update informing the Council that there are currently 109 Maryland physician practices with NCQA recognition and that the MMPP will be responsible for tripling that number as the 300 participating physicians achieve recognition. The Council agreed that this was a very impressive result.

Telemedicine Task Force – Nicole Stallings, Director, Maryland Health Quality and Cost Council

Ms. Stallings provided the Council with a brief update on the Telemedicine Initiative on behalf of Dr. Bass, Task Force chair. Ms. Stallings reminded the Council that three advisory groups have been established to guide planning for a comprehensive telemedicine system:

- 1) Clinical Advisory Group
- 2) Technical Solutions and Standards Advisory Group
- 3) Financial and Business Model Advisory Group

These advisory groups are chaired by leadership at the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and the Maryland Health Care Commission. Invitations have been sent to a broad group of stakeholders for participation in the advisory groups, which will begin to meet in the next few weeks. The advisory groups have committed to incorporating the provisions of related legislation that was considered by the General Assembly in the most recent legislative session. Ms. Stallings informed the Council that the chairmen and staff of the Senate Finance and House Health and Government Operations Committee have received early briefings and will be kept updated as the advisory groups continue to meet over the summer. The Chairs will provide an update to the Quality and Cost Council at the September meeting and a Final Report will be submitted to the Council for inclusion in the annual report to the Governor and General Assembly by January of 2012.

Wellness and Prevention Workgroup – Roger Merrill, Perdue Farms, Inc., Member, Wellness and Prevention Workgroup

Dr. Merrill began the presentation (available on the MHQCC website) with a brief update of Healthiest Maryland Businesses. Recruitment continues with 122 businesses currently committed, reaching an estimated 175,000 Maryland workers. Recently, staff have partnered with the Injured Worker's Insurance Fund (IWIF) for a Wellness and Prevention Symposium and with the Mid-Atlantic Business Group on Health for a HMB Best Practices Forum. In addition, staff have partnered with the Greater Baltimore Committee (a supporting organization) on June 1st to provide a technical assistance/recognition event highlighting worksite wellness best practices among local small to medium sized businesses.

Dr. Merrill then highlighted efforts to move the workgroup from a programmatic to a policy focus, highlighting the policy matrix of options for science-based strategies in the areas of sodium, transfat, tobacco, diabetes, sugary drinks, and wellness in the school and child-care settings. Staff assessed these options using to see if they were *RIPE* for development.

- Reach- the number of entities directly touched
- Impact- the short and long term health outcomes that could result from the policy change
- Partnerships- whether it's politically feasible
- Ease of Execution- assessing the level of ease it'll take the Council to work on.

Strategies were prioritized based on the data available and the potential reach and impact, and a multi-phase nutrition plan to reduce sodium and transfat consumption was prioritized. A potential policy strategies document was created with example policies for population-wide

sodium and transfat reduction. A multiphase nutrition strategy to reduce sodium and transfat consumption was identified as a leading priority.

Dr. Merrill noted that a reduction of sodium and transfat consumption reduces risk for cardiovascular disease (CVD) and its complications. Dr. Merrill commented that this is particularly important for high-risk populations like African American Marylanders, those with hypertension and middle-aged adults who need an even lower level of sodium to stay healthy and reduce their risk of CVD.

The Workgroup recommended that DHMH create a memo specifically articulating what the State's role would be in implementing institutional purchasing policies. In addition to impacting all state-level employees (i.e. State Center, prison facilities, education facilities, etc.), the State would be Leading by Example. It was agreed that focusing on this one nutrition-specific initiative will be a great starting point for the Council's enhanced role in policy.

GUEST PRESENTATION

Reducing Preventable Readmissions by Enlisting Community Resources: A Local Health System Forges Nontraditional Partnerships – Patricia Czapp, Chair of Clinical Integration at Anne Arundel Health System

Dr. Czapp's presentation (available on the MHQCC website) highlighted the Anne Arundel Health System's efforts developing an integrated network of community resources designed to maintain or improve the health of their mutual patients with congestive heart failure (CHF). Their ongoing efforts will include guidance from patient advisors, social workers, nutritionists and pharmacists, in addition to the folks I listed. We will leverage our IT system to serve as the common information platform for this effort. The Council members thanked Dr. Czapp for sharing AAMS' experience entering new relationships with nontraditional partners in the community in order to better care for patients, reduce waste, and improve efficiency.

ACTION ITEMS

Evidence-based Medicine Workgroup: Update and Future Initiatives - Richard "Chip" Davis, Johns Hopkins Medicine

Dr. Davis' presentation (available on the MHQCC website) began with an update of the Blood Wastage Reduction Collaborative. The Collaborative has saved a total of 1,497 combined units (platelets and plasma) for a dollar savings of \$488,572. Increased availability of a scarce resource is a program benefit that is unquantifiable. The Inventory Visibility System, on which short-dated products are listed for other hospitals' use is active in 30 facilities, including those in the DC Metropolitan area. This initiative already has received attention from the National Red Cross, which plans to take the initiative nationwide. Dr. Davis noted that the Collaborative is starting to see a waning on overall reporting, and that the Collaborative will be looking for ways to publicize the success of the Collaborative to get interest back up.

Dr. Davis then updated the Council on the Maryland Hospital Hand Hygiene Collaborative. Dr. Davis reminded the Council that 31 acute care hospitals are participating in the Collaborative. The recent Process Measures Survey found that the most successful programs in the Collaborative report a high degree of leadership engagement and support aides. The Collaborative average for the month of April was 74 percent. Recent efforts to improve compliance include weekly report cards, internal competitions, observer champions and physician champions. Dr. Davis noted that the majority of hospitals participating in the Collaborative are not having their data included in the average due to either not meeting the minimum observations per month or not reporting on at least 80% of required units (med/surg, peds, ICUs). The Maryland Patient Safety Center and Maryland Hospital Association are developing hospital report cards and site visits. Secretary Sharfstein recently sent letters to hospital CEOs that are not currently participating in the Collaborative, as well as those that are participating but whose facilities' compliance data is not routinely being applied towards the Collaborative average. Secretary Sharfstein commented that the purpose of the letter is to engage hospitals and learn about their obstacles with the hope of improving participation and compliance overall.

Dr. Davis shared the Workgroup's plans for future initiatives, reporting that the next project will look to link healthcare acquired infections to hand hygiene compliance rates. In addition there were several additional projects under consideration by the Workgroup, including implementing a hand hygiene campaign in other care settings, looking at care transitions and standardizing hospital-to-nursing-home transfer process, and mandatory flu vaccines for healthcare workers, with a focus on physicians who typically don't fall into mandatory employee vaccination programs. Finally, Dr. Davis recommended that DHMH research best methods, solicit partners and develop implementation plans for two projects. The first involves referral to Maryland Quitline at the time of hospital discharge and the second is engaging Medicaid and other payers to evaluate an academic detailing initiative. The Council approved all of the recommendations.

Health Disparities: Future Initiatives – Albert Reece, University of Maryland School of Medicine

The Lt. Governor began the presentation commenting that the Health Care Reform Coordinating Council (HCRCC) identified a need to look at specific disparities in the health care system. Specifically the HCRCC recommended that the State explore strategies, including financial, performance-based incentives, to reduce and eliminate health disparities, and make recommendations regarding the development and implementation of these strategies. As such, the Executive Order reconstituting the Council establishes a disparities workgroup and the Lt. Governor had asked Dean Reece to serve as Chair. Dean Reece commented that he has accepted the invitation and walked the Council through the Workgroup's draft charge (available on the MHQCC website). Dean Reece noted that a first step would be to sort through disparities data and identify targets for action and that entities should be accountable for specific strategies. Dr. Lisa Cooper and Marcos Pesquera both volunteered to participate in the Workgroup. The Council unanimously endorsed the creation of the Disparities Workgroup and approved the charge.

NEXT STEPS

Secretary Sharfstein reminded the Council that the next meeting of the Council is September 26, 2011 from 9:30 AM to 12 noon. Peggy O'Kane asked about information on the Health Services Cost Review Commission efforts and requested a briefing at a future meeting. The meeting then adjourned at 11:56 AM.